

## PART B—ISSUE TRANSMITTAL

Complete and mail this form, together

with applicable fees, to:

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Assistant Commissioner for Patents  
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DEC 17 2001

12-21-01

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MARVIN N BENN ESQ  
HAMMAN & BENN  
10 S LASALLE STREET  
SUITE 3300  
CHICAGO IL 60603

TM31/0917

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/439,859	11/12/99	010	ELISCA, P	2161 09/17/01
First Named Applicant: MAGES, 35 USC 154(b) term ext. = 0 Days.				

**TITLE OF INVENTION**  
METHOD OF SECURE SERVER CONTROL OF LOCAL MEDIA VIA A TRIGGER THROUGH A NETWORK FOR INSTANT LOCAL ACCESS OF ENCRYPTED DATA ON AN INTERNET WEBPAGE

ATTYS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 1539 98 3837/1574/US8	705-051.000	M01	UTILITY	YES	\$440.00 <del>\$620.00</del>	12/17/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Darby &amp; Darby

RECEIVED

2 FEB 12 2002

3 Technology Center 2100

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. Recordation 10/9/97 Reel/Frame: 8797/0767

(A) NAME OF ASSIGNEE

HyperLOCK Technologies, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)  
Smokie, Illinois

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee  
☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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(ENCLOSE AN EXTRA COPY OF THIS FORM)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Ira J. Levy Reg. No. 5582

(Date)

12/17/01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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## EXPRESS MAIL CERTIFICATE

Date 12-17-01 Label No. 2767720555-15  
I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

Signature: [Signature]  
Name (P.N.): [Name]

12/26/2001 EABUBK2 00000149 09439859

01 FC:242  
02 FC:561

640.00 UP  
30.00 UP

TRANSMIT THIS FORM WITH FEE